



# Emergency Solutions Grant: Homelessness Prevention Program

Sponsored by  
Division of Housing Stabilization, DHCD

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# Speakers:

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# Agenda

- ▶ Introductions
- ▶ Review of eligibility criteria & program requirements
- ▶ Tracking & reporting on your Prevention program
- ▶ What to expect from performance monitoring and site visits
- ▶ Question and answer session

# Submitting Questions during the Webinar

- ▶ Please call in using the conference number & ID given when you entered the webinar
- ▶ Please hold your questions until the Q&A session at the end of the webinar. At that time, please use the 'Raise Your Hand' function to be called upon.
- ▶ Questions submitted through the 'submit your question' function will not be answered until the end of the webinar.
- ▶ Any unanswered questions may be submitted to [elisa.bresnahan@state.ma.us](mailto:elisa.bresnahan@state.ma.us) via email. Answers will be sent to all attendees & Prevention providers.
- ▶ Webinar slides will be available on the DHCD Website and will be emailed after the presentation.

# DHCD ESG Website

- ▶ <http://www.mass.gov/hed/housing/stabilization/emergency-solutions-grant.html>

# Eligibility Criteria & Program Requirements

Please note: This webinar is specific to DHCD Homelessness Prevention programs.

SFY14 Homelessness Prevention Recordkeeping and Reporting Requirements will be made available by the end of the week.

# At-Risk of Homelessness Eligibility

- ▶ MUST be currently housed with a Writ of Summary Process
- ▶ No Exceptions
- ▶ Must be non-EA eligible (If eligible for EA, then the household is already homeless and does not qualify for prevention services)

# At-Risk of Homelessness Eligibility – DV

- ▶ Households fleeing DV should be served under Rapid Re-housing program, generally not Prevention.
- ▶ ESG RFR stated families fleeing, or attempting to flee, domestic violence were eligible for prevention services.
- ▶ Fleeing DV, still need Writ of Summary, otherwise refer to RRH program.
- ▶ Call or email me with specific cases if you are unsure about which component to serve the household under.

# Income Eligibility

- ▶ Intake = Less than 30% AMI
- ▶ Recertification = Equal to or less than 30% AMI
- ▶ Must complete an annual income form (at intake & each re-certification)
- ▶ Income calculation should be based on most recent 30 day period for each member of the household

# Insufficient Financial Resources and Support Networks

- ▶ “But For”
- ▶ Required at intake and at each quarterly re-certification.
- ▶ Meant to document lack of resources (e.g., family, friends, faith-based or other social networks)
- ▶ Use form. Be clear and be specific!!!

# Participant Sustainability

- ▶ Services should only be provided to the extent necessary to help the household regain stability in their current permanent housing unit or move them into other permanent housing where they can achieve stability.
- ▶ Must document that the household can reasonably be expected to maintain their housing for at least 12 months after ESG assistance ends.
- ▶ Households should be able to demonstrate enough income each 30 day period to pay rent, any utilities not included in the rent, transportation costs, and purchase food.

# Maximum Financial Assistance

- ▶ \$2,000 subsidized housing
- ▶ \$4,000 unsubsidized housing
- ▶ Maximum includes all financial services under the Housing Relocation and Stabilization component AND the Rental Assistance component
- ▶ Cap on services does not include housing search, case management, and other non-financial services

# Serving Households with Housing Voucher

- ▶ May only receive up to \$2,000 in financial assistance
- ▶ Eligible for all services if necessary to prevent homelessness
- ▶ Eligible for re-location assistance if necessary to prevent homelessness

# Category 1: Housing Relocation & Stabilization Services

- ▶ Should only be provided to the extent necessary to prevent homelessness for an individual or family by stabilizing them within their current unit or re-locating them and stabilizing them within the new unit.
- ▶ Includes:
  - Rental application fees\*
  - Security deposit (up to 1 month's rent)\*
  - Last month's rent\*
  - Utility deposits (gas, electric, water, sewage)\*
  - Utility payments, including up to 6 months of arrears
  - Moving costs (truck rental, hiring moving company)\*
  - Housing search and placement (CM service)\*
  - Housing stability case management (required monthly)
  - Mediation
  - Legal services (must be preventing the household from obtaining housing)

\*services should only be provided if re-locating a household

# Re-locating a Household

- ▶ Eligible households may receive assistance with re-locating to a new unit if:
  - The eviction cannot be stopped and/or the landlord refuses to allow the household to stay
  - The unit that they are currently in is not affordable and the household is unable to stabilize within the unit
- ▶ Rental arrears may be provided when re-locating a household ONLY if the payment is necessary to prevent the household from becoming literally homeless

# Housing Stability Case Management

- ▶ Required monthly as long as the household is enrolled in the program
- ▶ Can be completed in person or over phone
- ▶ Must include:
  - Creation & implementation of Housing Stability Plan\*
  - Creation of personalized budget\*
  - Notes or copies of referrals to mainstream benefits and follow up notes on whether the household was able to access the service/benefit

\*Should be completed prior to authorizing financial services.

# Category 2: Short-term and Medium-term Rental Assistance

- ▶ Short-term rental assistance (up to 3 months)
- ▶ Medium-term rental assistance (4–24 months)
- ▶ One-time payment for up to 6 months of rent in arrears
  - One-time payment only
  - Included in total number of months of rental assistance received
  - Do not need to be consecutive months
  - Should only be provided if the household would not be able to secure housing without the assistance

# Leasing Requirements

- ▶ Lease between owner and the household
- ▶ Lease must be in writing and include:
  - Tenant name
  - Address of unit
  - Term of tenancy
  - Move in date
  - Rent amount
  - Responsibility for utilities
  - Must be signed and dated by all appropriate parties
- ▶ At-Will Tenancy is acceptable (still must be documented through lease)

# Leasing Requirements – Oral Agreement

- ▶ Oral agreement acceptable when assistance is for rental arrears ONLY
  
- ▶ Oral agreement MUST:
  - Give the household an enforceable leasehold under state law
  - Be sufficiently documented in case record by the property owner's financial records, rent ledgers, or cancelled checks.
  - Must be documented by the provider organization or the property owner on official letterhead detailing the address of the unit, rent amount, term of tenant occupancy, signed and dated.

# Proof of Housing Ownership

- ▶ Deed
- ▶ Current water bill
- ▶ Current mortgage payment
- ▶ Recent tax bill, etc.

# Rental Assistance Agreement

- ▶ Rental Agreement  $\neq$  lease
- ▶ Between property owner and the organization actually making the payment
- ▶ Must be in place prior to any service under the Short-term or Medium-term Rental Assistance component (including rental arrears)
- ▶ Must document terms of assistance
- ▶ Must require the property owner to submit a copy to the sub-recipient of any notice to the tenant that could lead to an eviction

# Shelter and Housing Standards

- ▶ Habitability standards apply to all households receiving any type of ESG assistance, includes legal assistance only, arrears only, or even case management only.
- ▶ Housing Standards Inspection Checklist completed by program staff OR copy of inspection report completed by HUD certified inspector that was completed within a reasonable amount of time MUST be in the case record.
- ▶ If inspection was completed by PHA, the inspection report may not be for a similar unit in the same building. It MUST be for the unit the client is moving into.
- ▶ Inspection should include lead based paint inspection.

# Lead Based Paint

- ▶ Visual assessment, included in the habitability checklist
- ▶ Applies to all units receiving assistance if constructed before 1978 AND a child under the age of 6 or pregnant woman will live there
- ▶ Recommend completing online visual assessment training. Go to:  
<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>

# Fair Market Rent

- ▶ Applies to services rendered under Short-term & Medium-term Rental Assistance component
- ▶ Local FMR limits can be found at:  
<http://www.huduser.org/portal/datasets/fmr.html>
- ▶ Total rent must be at or below FMR for same size unit

# Rent Reasonableness

- ▶ Recommend consulting with your local PHA for rent reasonableness standards
- ▶ Comparable rents can be checked by using a market study or by reviewing comparable units advertised for rent
- ▶ Use Rent Reasonableness checklist (see DHCD website for a copy)
- ▶ MUST compare minimum of 3 units

# FMR & Rent Reasonableness for Rental Arrears Only

- ▶ Exception to meeting FMR & Rent reasonableness guidelines is if the household receives rental arrears only
- ▶ Must consider sustainability
- ▶ Must consider whether or not the assistance with rental arrears is necessary to help the household remain in housing

# Re-certification

- ▶ Required quarterly (every 3 months based on date of enrollment)
- ▶ Updated income and assets documentation, including new annual income calculation form
- ▶ Updated documentation of insufficient financial resources and support networks (“but for” certification)
- ▶ Clear case notes documenting any changes in household composition
- ▶ Income must be less than or equal to 30% AMI
- ▶ Review of eligibility criteria, would the household become literally homeless if ESG assistance ended?

# Denial & Termination

- ▶ Every program must have a Denial & Termination policy in place.
- ▶ Denial notice only required if a household completes an intake and application & then is determined ineligible
- ▶ Written notice to household containing clear statement defining reason for denial or termination
- ▶ Notice must include an appeal process within your agency
- ▶ If appeal filed, must provide prompt written notice of final decision to household (within 15 days)
- ▶ Denial or Termination does not bar the household from receiving ESG assistance in the future if eligibility criteria are met

# HMIS

- ▶ Must complete an entry assessment and exit assessment
- ▶ Must collect universal & program level data
- ▶ Must produce APR at end of year, Due July 10<sup>th</sup>, 2014.
- ▶ Must run APR to be reviewed during site visit

# Reporting on your Prevention Program

- ▶ Due 10<sup>th</sup> of each month
- ▶ One report for overall program, one report for lead agency (if providing services) & one report for each sub-contract
- ▶ Should only include households who received services within the month you are reporting on
- ▶ “Carry-over” clients still receiving housing stability case management should be reported

## ESG MONTHLY REPORTING SFY14: HOMELESSNESS PREVENTION

Contractor Name:

Sub-Contractors (if applicable):

Instructions: Each program must submit one Monthly Performance Measures worksheet for the overall program and one for each agency that receives funding and provides services through a DHCD ESG contract. individuals and families who received services within the month you are reporting.

| MONTHLY PERFORMANCE  |   | July '13 | Aug '13 | Sept '13 | Oct '13 | Nov '13 | Dec |
|--|---|----------|---------|----------|---------|---------|-----|
| 1. # households screened for ESG Homelessness Prevention assistance  | unduplicated count, submitted monthly to DHCD, tracked through agency records, HMIS optional, may include clients that were screened for multiple programs  |          |         |          |         |         |     |
| 2. # households which received housing relocation and stabilization services (rental application fees, security deposit assistance, last month's rent, utility deposits, utility payments, moving costs, service costs, housing search and placement, housing stability case management, legal services) <b>Please Note: Every household enrolled in the program should be counted as having received housing relocation and stabilization services.</b> | may be duplicated from month to month as some households may receive multiple months of housing relocation and stabilization services, submitted monthly to DHCD, tracked through agency records, HMIS optional |          |         |          |         |         |     |
| 3. # of households which received short-term and/or medium-term rental assistance (including first months rent & rental arrears)   | may be duplicated from month to month as some households may receive multiple months of rental assistance, submitted monthly to DHCD, tracked through agency records, HMIS optional                             |          |         |          |         |         |     |
| 4. # of households re-located with homelessness prevention assistance  | may be duplicated from month to month as some households may receive multiple months of rental assistance, submitted monthly to DHCD, tracked   |          |         |          |         |         |     |

# Monthly Report

- ▶ Everyone should be counted in #2 as long as they are enrolled in the program
- ▶ May be duplicated from month to month

2. # households which received housing relocation and stabilization services (rental application fees, security deposit assistance, last month's rent, utility deposits, utility payments, moving costs, service costs, housing search and placement, housing stability case management, legal services) **Please Note: Every household enrolled in the program should be counted as having received housing relocation and stabilization services.**

may be duplicated from month to month as some households may receive multiple months of housing relocation and stabilization services, submitted monthly to DHCD, tracked through agency records, HMIS optional

# Monthly Report

- ▶ Questions 2 – 4 may include duplication
- ▶ Some households will receive multiple services for multiple months
- ▶ Example: a re-located household that receives first month's rent, would be counted in all three questions

|   |   |  |
|---|---|--|
| <p>2. # households which received housing relocation and stabilization services (rental application fees, security deposit assistance, last month's rent, utility deposits, utility payments, moving costs, service costs, housing search and placement, housing stability case management, legal services) <b>Please Note: Every household enrolled in the program should be counted as having received housing relocation and stabilization services.</b></p> | <p>may be duplicated from month to month as some households may receive multiple months of housing relocation and stabilization services, submitted monthly to DHCD, tracked through agency records, HMIS optional</p>              |  |
| <p>3. # of households which received short-term and/or medium-term rental assistance (including first months rent &amp; rental arrears)</p>   | <p>may be duplicated from month to month as some households may receive multiple months of rental assistance, submitted monthly to DHCD, tracked through agency records, HMIS optional</p>  |  |
| <p>4. # of households re-located with homelessness prevention assistance</p>  | <p>may be duplicated from month to month as some households may receive multiple months of rental assistance, submitted monthly to DHCD, tracked through agency records, HMIS, and use of Touchpoints if utilizing DHCD's ASIST</p> |  |

# Monthly Report

- ▶ Question #5 will be unduplicated
- ▶ Clearly show the number of households that exited the program to a permanent destination within the reporting period
- ▶ If you were to run an APR for the reporting month, this answer would be the sum of question #29a1 & #29a2 (exited before 90 days & after 90 days)
- ▶ If program with multiple sub-contracts, the total number of individuals and families exiting to permanent destinations should add up on the report that reflects the whole program

|  |  |
|--|--|
| 5. # of households which successfully prevented homelessness and exited the program to a permanent destination (owned by client with no ongoing subsidy, owned by client with ongoing subsidy, rental by client with no ongoing subsidy, rental by client with VASH subsidy, rental by client with OTHER ongoing subsidy, permanent supportive housing, staying or living with family permanently, staying or living with friends permanently) (monthly) | unduplicated, submitted monthly to DHCD, tracked through agency records & HMIS |
|--|--|

# Monthly Report

- ▶ We will revise to add question new question, revised report will be sent out by end of the week.
- ▶ “# of household which exited the program to a temporary or homeless destination”
- ▶ This will allow us to see how many households received services, but were unsuccessful at remaining in permanent housing.

# Supplemental Quarterly Data

- ▶ In order to complete the monthly report, each organization is responsible for collecting the following data elements:
  - Head of Household Last Name
  - Head of Household First Name
  - Head of Household SSN
  - Household size
  - Date of ESG enrollment
  - Date of housing placement, if relocated
  - Address of unit
  - Is unit subsidized (yes or no)
  - If yes, type of subsidy (Section 8, S+C, PSH, Home & Healthy for Good, VASH, MRVP, Other)
  - Rental application fees paid? (amount)
  - Security deposit paid? (amount)
  - Last month's rent paid? (amount)
  - Utility deposits paid? (amount)
  - Utility payments paid? (amount)
  - Moving costs paid? (amount)
  - First month's rent paid? (amount)
  - Rental arrears paid? (amount)
  - Is the household expected to receive rental assistance? (no, up to 3 months, more than 3 months, rental arrears)
  - Exit Date
  - Housing status at exit (HMIS Housing Status)

# Supplemental Quarterly Data

- ▶ This data will allow you to complete your monthly report
- ▶ Must be provided in conjunction with your monthly report each quarter (October 10<sup>th</sup>, January 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>) via Excel spreadsheet
- ▶ Allows DHCD to verify the number of households served & track financial services
- ▶ Will provide us with very useful data to help measure effectiveness of ESG programs

# Housing Retention – Tracking & Reporting

- ▶ Housing retention  $\neq$  housing stability case management
- ▶ DO NOT keep cases open just to track Housing Retention status
- ▶ To be tracked at 3, 6, 9, & 12 months after enrollment in program
- ▶ May need to continue tracking housing retention after household exits (example, a household exits at month 4, you must continue to track housing retention until month 12)
- ▶ Must be tracked for SFY13 & SFY14 households

# Housing Retention – Tracking & Reporting

- ▶ Must make effort to contact either the property owner or the tenant to verify housing retention.
- ▶ Information must be provided to DHCD on a quarterly basis via Excel. (October 10<sup>th</sup>, January 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>)
- ▶ Must collect the following information:
  - Date of enrollment
  - Date of housing retention follow-up
  - Is the household still in housing?
  - If yes, do they owe rent?
  - If not in housing, housing status?
  - Is the household stably housed?
  - If no, provide explanation.

# Housing Retention – Tracking & Reporting

- ▶ Must include households served in SFY13
- ▶ Must report quarterly (October 10<sup>th</sup>, January 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>)
- ▶ Must provide the data with the report

| HOUSING RETENTION  | MEASURE  |
|--|--|
| Only to be reported on a quarterly basis. *Please note: It is expected that Q1 may be zero as participants may not have been in housing for at least 3 months by reporting date. |  |
| <b>Contractors are responsible for maintaining housing retention data and providing the client information to DHCD on a quarterly basis.</b>                                     |  |
| 1. # of households that maintained their housing and remained stably housed for 3 months post enrollment in program  | Report may include households served in SFY13. |
| 2. # of households that maintained their housing and remained stably housed for 6 months post enrollment in program  | Report may include households served in SFY13. |
| 3. # of households that maintained their housing and remained stably housed for 9 months post enrollment in program  | Report may include households served in SFY13. |
| 4. # of households that maintained their housing and remained stably housed for 12 months post enrollment in program   | Report may include households served in SFY13. |

# Performance Monitoring

- ▶ Ongoing
- ▶ Monthly reports
- ▶ Regular contact with program
- ▶ If you are not on track to meet proposed goals (attachment 2) you should expect a reduction in funding in future years

# Site Visits

- ▶ Conducted on Monday afternoons (local to Boston area) & Wednesdays, starting in September
- ▶ If site visit has not yet occurred you are at top of my list
- ▶ If you have “carry-over” clients from SFY13 to SFY14 expect a review of both contract years

# Site Visits

- ▶ Review of program files (chosen at random, eligible & ineligible)
- ▶ Review of financial records
- ▶ Review of Annual Performance Report
- ▶ Discussion with program staff
- ▶ Review of performance
- ▶ Please provide quiet office space/desk/table

# Site Visits

- ▶ Should have in place a process that allows for:
  - Tracking of expended and unexpended funds
  - Tracking of staff time (if staff position is not full time ESG, there must be a record documenting the time spent on ESG & the activities completed)
  - Tracking of admin costs
  - Tracking of sub-contracts
  - Source documentation for all program related expenditures (example, signed time sheets for staff or leases to back up rent payments)

# Site Visits

- ▶ Will look for documentation of staff time billed to ESG (time sheets & record of activities)
- ▶ Documentation of service hours reported on the Personnel Summary Report

| PERSONNEL SUMMARY REPORT             |      |               |                 |               |                             |   |                               |                                    |  |   |
|--------------------------------------|------|---------------|-----------------|---------------|-----------------------------|---|-------------------------------|------------------------------------|--|---|
| Corporate Name:                      |      |               |                 |               |                             | State Agency Name:  |                               |                                    |  |   |
| ABC Shelter                          |      |               |                 |               |                             | Department of Housing & Community Development                     |                               |                                    |  |   |
| Program Name:                        |      |               | Program Number: |               | Service Contract Number:    |   |                               | Billing period:                    |  |   |
| ESG - Shelter Support                |      |               | 0               |               | CT OCD8000HFESG121395S0     |   |                               | 7/1/12 - 7/31/12                   |  |   |
| Program Component/<br>Position Title | FTE  | Employee Name | Service Days    | Service Hours | Wages/Salary<br>Amount Paid | Component Total<br>(all employees in<br>component position title) | Less<br>Offsetting<br>Support | Component<br>Net Invoice<br>Amount |  |   |
| Case Manager                         | 1.00 | Betty Doe     | 7/2-7/31/12     | 50.00         | \$ 800.00                   | 800.00  |                               |                                    |  | - |
|                                      |      |               |                 |               |                             |   |                               |                                    |  | - |

# Site Visits

- Will look for documentation of program costs

|   |  |                     |                     |                    |                     |                    |
|---|--|---------------------|---------------------|--------------------|---------------------|--------------------|
| <b>Occupancy</b>                              |  |                     |                     |                    |                     |                    |
| Program Facility                              |  | \$ 20,000.00        | \$ 20,000.00        | \$ 500.00          | \$ 19,500.00        | \$ 500.00          |
| Facility Oper/Maint/Furn                      |  |                     |                     |                    | \$ -                | \$ -               |
| <b>Total Occupancy</b>                        |  | <b>\$ 20,000.00</b> | <b>\$ 20,000.00</b> | <b>\$ 500.00</b>   | <b>\$ 19,500.00</b> | <b>\$ 500.00</b>   |
| <b>Other Direct Care/ Program Staff</b>       |  |                     |                     |                    |                     |                    |
| Direct Care Specialists                       |  |                     |                     |                    | \$ -                | \$ -               |
| Prov. Reim/Stipends                           |  |                     |                     |                    | \$ -                | \$ -               |
| Staff Training                                |  |                     |                     |                    | \$ -                | \$ -               |
| Staff Mileage/Travel                          |  |                     |                     |                    | \$ -                | \$ -               |
| Subcontract Dir. Care                         |  |                     |                     |                    | \$ -                | \$ -               |
| Meals   |  |                     |                     |                    | \$ -                | \$ -               |
| Client Transportation                         |  |                     |                     |                    | \$ -                | \$ -               |
| Incid. Health/Med. Care                       |  |                     |                     |                    | \$ -                | \$ -               |
| Medicine/Pharmacy                             |  |                     |                     |                    | \$ -                | \$ -               |
| Client Per. Allowances                        |  |                     |                     |                    | \$ -                | \$ -               |
| Prov. of Material Good                        |  |                     |                     |                    | \$ -                | \$ -               |
| Data Processing                               |  |                     |                     |                    | \$ -                | \$ -               |
| Commerical Resources                          |  |                     |                     |                    | \$ -                | \$ -               |
| Program Supplies/Mat                          |  |                     |                     |                    | \$ -                | \$ -               |
| Program Support                               |  |                     |                     |                    | \$ -                | \$ -               |
| <b>Total Other Direct Care/ Program Staff</b> |  | <b>\$ -</b>         | <b>\$ -</b>         | <b>\$ -</b>        | <b>\$ -</b>         | <b>\$ -</b>        |
| <b>Direct Admin Expenses</b>                  |  |                     |                     |                    |                     |                    |
| Program Support                               |  |                     |                     |                    | \$ -                | \$ -               |
| Other Direct Admin Expens                     |  |                     |                     |                    | \$ -                | \$ -               |
| <b>Total Direct Admin Expens.</b>             |  | <b>\$ -</b>         | <b>\$ -</b>         | <b>\$ -</b>        | <b>\$ -</b>         | <b>\$ -</b>        |
| <b>SUBTOTAL PROGRAM COSTS</b>                 |  | <b>\$ 30,000.00</b> | <b>\$ 30,000.00</b> | <b>\$ 1,300.00</b> | <b>\$ 28,700.00</b> | <b>\$ 1,300.00</b> |
| Agency Admin Support Allocation %             |  | \$ 1,000.00         | \$ 1,000.00         | \$ 20.00           | \$ 980.00           | \$ 20.00           |
| <b>PROGRAM TOTAL</b>                          |  | <b>\$ 31,000.00</b> | <b>\$ 31,000.00</b> | <b>\$ 1,320.00</b> | <b>\$ 29,680.00</b> | <b>\$ 1,320.00</b> |

# Site Visits

- ▶ Use the Recordkeeping & Reporting documents as a guide!
- ▶ Use the Prevention File Review Checklist!
- ▶ Files should...
  - Be organized
  - Have a checklist
  - Contain clear case notes
  - Contain verification of eligibility requirements
  - Contain completed documents (signatures, dates, completed questions, etc.)
  - Be entered into HMIS

# Questions?

Please use the “Raise Your Hand”  
function

# Thank You for Attending!

- ▶ Future webinars (all at 2pm)
  - 8/15 Veterans Inc.: SSVF & HVRP
  - 8/21 Shelter Support – Individual & Non-EA Families
  - 8/28 Shelter Support – Domestic Violence

Please email follow up questions to  
[elisa.bresnahan@state.ma.us](mailto:elisa.bresnahan@state.ma.us)